

Georgia Department of Human Resources • Office of Regulatory Services Two Peachtree St, N.W. • Suite 31-447 • Atlanta, GA 30303-3167 • (404)657-4076

COMMUNITY LIVING ARRANGEMENT APPLICATION

V	CHECK A	LL THAT APPL	Y						
	_	erning Body (ownersh erning Body Name .A Name	nip)		_	e of Address (not e of Capacity	t location)		
4 Name	Casidoneo				- (Arc	O- d-) Tolonby			
1. Name of Residence					(Ale	ea Code) Telepho	ne		
2. Resid	dence Address	Street	City		Cou	nty	Zip		
3. Gover	. Governing Body			(Area Code) Telephone					
4. Addre	ess	Street	City		Cou	nty	Zip		
	of Ownership	☐ Individual ☐ Church	☐ Corporation ☐ Other		ı-Profit	☐ Partners	·] Government	
6. Attach name, address, phone number, birth date and social security number for the Administrator.									
of indivi	7. Attach list of names, addresses, and telephone numbers of individuals or organizations having a 10% or more ownership interest in the facility.				8. Attach letter of verification signed by representative of the MHDDAD Regional Office.				
9. Attach a floor sketch of the entire facility (including multiple floors and buildings) and identify each room and the locations of windows and doors, room measurements, and bed placements for residents, family, and staff.									
10. Requested Capacity (specific # of residents)			11. Faci	lity or Go	overning Body E	-mail Addre	ess		
21.0				13. Pre	vious Gov	verning			
12. Change in Capacity From To			Body						
14. Prev	vious CLA Nam	e		15. Prev	ious CL	A Address			
16. By signature below, I certify that I intend to exclusively serve consumers funded by the MHDDAD or its contract provider. The above information is true and correct to the best of my knowledge. I understand that submitting false information may result in denial of my application.									
Print Name of the Owner of the Community Living Arrangement Date									
Signature of the Owner of the Community Living Arrangement									